

Effective October 1, 2000

**Application or Docket Number** 

18025 - 1013

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			99					RATE				
500									FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA	. [	BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			99 minus 20=		. 79			X\$ 9=		OR	X\$18=	1422
INDEPENDENT CLAIMS			3 minus 3 =		0			X40=		OR	X80=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ero, ente	r "0" in c	olumn 2		TOTAL	·	OR	TOTAL	2132
CLAIMS AS AMENDED - PART II								,		•	OTHER	
		(Column 1)		(Colu		(Column 3)		SMALL ENTITY			SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T OL A114	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	JLIIPLE DEI	PENDEN	CLAIM		ا ا	+135=		OR	+270=	
							L	TOTAL		OR	TOTAL ADDIT. FEE	-
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE			AUDII. FEE	
<u></u>		CLAIMS		HIGH	IEST		l r		ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	]	X40=			X80=	
Ľ	FIRST PRESE	PENDEN	CLAIM		]	,,,,		OR				
								+135≔		OR	+270=	
							7	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)			mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	; ,
	Independent	*	Minus	***		=	<b> </b>	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						<b>┧</b> ┟					
•	lá tha amtion to			0 '	- "O" ! · ·			+135=		OR	+270≔	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
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